

P10 000088882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

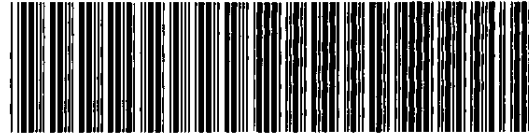
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FILED
2010 OCT 29 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers NOV 02 2010

COVER LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: Pain Eliminated, Inc

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 OCT 29 PM 12:01

FILED

Name (printed or typed)

Address

City, State & Zip

Daytime Telephone Number

E-mail address: (to be used for future annual report notification)

CERTIFICATE OF DOMESTICATION

The undersigned, Joe Petroski, President,
(Name) (Title)

of Pain Eliminated, Inc a foreign corporation,
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was July 8, 2003.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was MINNESOTA.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was PAIN ELIMINATED, INC.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is PAIN ELIMINATED, INC.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was MINNESOTA.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Joe Petroski, President, of PAIN ELIMINATED, INC

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done

so this the 25 day of October, 2010.

[Signature] President
(Authorized Signature)

Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

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TALLAHASSEE, FL 32301
SECRETARY OF STATE

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Pain Eliminated, Inc

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

1600 Kanner Hwy
#103

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

PERSONAL, Corporate AND Athletic Consulting
Including any lawful purpose under Florida law.

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

One

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Joseph M Petroski
1600 Kanner Hwy #103, Stuart, FL 34994
President, Vice President, Treasurer AND Secretary

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Joseph M Petroski
1600 Kanner Hwy #103, Stuart FL 34994

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Joseph M Petroski
1600 Kanner Hwy #103 Stuart, FL 34994

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE
STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND
ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

Signature Registered Agent

Date

Signature Incorporator

Date

FILED
2010 OCT 29 PM 12:00
CLERK OF THE CIRCUIT COURT
TALLAHASSEE, FLORIDA